

# INFORMAL PROBATE

# 1

## **Application for Appointment as Personal Representative**

Part 1: The Application and Notice  
(Forms Packet)

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April 13, 2001  
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PBIP1fc - 5270



**SELF SERVICE CENTER**

**INFORMAL PROBATE**

**APPLICATION FOR APPOINTMENT AS PERSONAL REPRESENTATIVE**

**PART 1: The Application and Notice**

**How to assemble these documents:**

This packet contains court forms to file and give notice of an Application for Appointment as Personal Representative, whether there was a Will or not. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	PBIP1ft	Table on forms/instructions in this packet	1
2	PBIP1k	Checklist for using this packet	1
3	PB10f	<b><i>“Probate Cover Sheet”</i></b>	2
4	PBIP11f	<b><i>“Waiver of Right to Appointment and Consent”</i></b>	1
5	PBIP12f	<b><i>“Waiver of Bond”</i></b>	1
6	PBIP13f	<b><i>“Application for Appointment”</i></b>	3
7	PBIP14f	<b><i>“Notice of Application”</i></b>	1
8	PBIP15f	<b><i>“Proof of Mailing Notice of Application”</i></b>	1
9	PB24f	<b><i>“Affidavit Regarding Circumstances for Publishing”</i></b>	2
10	PB25f	<b><i>“Affidavit of Publication”</i></b>	1
11	PBIP16f	<b><i>“Statement of Informal Appointment”</i></b>	1
12	PBIP17f	<b><i>“Letters of Appointment and Acceptance of Appointment”</i></b>	1
13	PBIP18f	<b><i>“Order to Personal Representative”</i></b>	5

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**SELF SERVICE CENTER**

**INFORMAL PROBATE**

**APPOINTMENT OF PERSONAL REPRESENTATIVE**

**AND ADMISSION OF WILL (if applicable)**

**CHECKLIST**

**Use the forms and instructions in this packet only if the following factors apply to your situation:**

- ✓ You are related to a person who died or you have a legal interest in the person's property.
- ✓ The person had a will or did not have a will.
- ✓ The person died more than 120 hours ago.
- ✓ You want to file court papers to be appointed the Personal Representative of the estate.

**READ ME:** It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

**SUPERIOR COURT OF ARIZONA  
COUNTY OF MARICOPA**

**PROBATE COVER SHEET**

\_\_\_\_\_  
Case Number

Pursuant to Rule 3.1 (a) of the Superior Court Local Rules, Maricopa County, please provide the following information. (Type or Print)

\_\_\_\_\_  
DECEDENT'S OR WARD'S NAME

\_\_\_\_\_  
DECEDENT'S OR WARD'S ADDRESS

\_\_\_\_\_  
PETITIONER'S NAME

\_\_\_\_\_  
PETITIONER'S ADDRESS

\_\_\_\_\_  
PETITIONER'S ATTORNEY

\_\_\_\_\_  
REASON FEES NOT PAID:

☐ Government Charge

☐ Deferred

\_\_\_\_\_  
Name and State Bar Number

**Check Superior Court Location Requested:**

☐ Downtown Phoenix

☐ Southeast Regional (Mesa)

☐ Northwest Regional (Surprise)

**NATURE OF ACTION**

Place an "X" next to the number which describes the nature of the case. Please check only **ONE** nature of action.

**200 ESTATE**

\_\_\_\_ 201 Formal Appointment of Personal  
Representative

\_\_\_\_ 202 Informal Appointment of Personal  
Representative

\_\_\_\_ 203 Ancillary Administration

\_\_\_\_ 204 Affidavit of Succession to Realty

\_\_\_\_ 205 Trust Administration

\_\_\_\_ 206 Formal Probate of Will

\_\_\_\_ 207 Informal Probate of Will

\_\_\_\_ 208 Proof of Authority

\_\_\_\_ 210 Other \_\_\_\_\_

Specify

\_\_\_\_ 211 Single Transaction/Limited Conservatorship

\_\_\_\_ 212 Foreign Domiciliary

**220 CONSERVATOR**

\_\_\_\_ 221 Minor

\_\_\_\_ 222 Adult Incapacitated Person

**230 GUARDIANSHIP**

\_\_\_\_ 231 Minor

\_\_\_\_ 232 Adult protected Person

\_\_\_\_ 233 Adult Incapacitated Person (Mental Health  
Powers)

**240 GUARDIANSHIP-CONSERVATOR  
COMBINATION**

\_\_\_\_ 241 Minor

\_\_\_\_ 242 Adult Incapacitated Protected Person

\_\_\_\_ 243 Adult Protected Person (Mental Health  
Powers)

PROBATE COVER SHEET - Continued

NAME(S) OF MINOR CHILD(REN):

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BIRTH DATE(S) OF MINOR CHILD(REN):

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To the best of my knowledge, all information is true and correct.

(If you need additional space, use the next page.)

NAME(S) OF ANY MINOR CHILD(REN):

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Petitioner or Attorney Signature

BIRTH DATE(S) OF MINOR CHILD(REN):

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## NOTICE

Effective July 1, 1987 and pursuant to Superior Court (Maricopa County) Local Rule 3.1 (a), the Superior Court requests that a "Cover Sheet", which categorizes the cause of action, accompany any new action filed with the Superior Court in Maricopa County. For this reason, this form has been developed. The Cover Sheet will result in increased accuracy of court records and statistics, and in reduced processing time for new case filings.

Copies of this Cover Sheet will be made available at the Probate Registrar's Office for the Clerk of the Superior Court.

PLEASE DO NOT INCLUDE THIS FORM WITH CASES THAT HAVE ALREADY BEEN FILED. This form can only be processed **at the time of filing** New Complaints and Petitions.

Thank you for assisting us with our efforts to improve service.

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Representing ☐ Self (Without a lawyer) or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of the Estate of \_\_\_\_\_

Case Number: \_\_\_\_\_

☐ an Adult ☐ a Minor, deceased

**WAIVER OF RIGHT TO APPOINTMENT  
AS PERSONAL REPRESENTATIVE AND  
CONSENT TO APPOINTMENT OF  
PERSONAL REPRESENTATIVE**

**THE UNDERSIGNED PERSON STATES AS FOLLOWS:**

1. I am the (check one box)  
☐ **(Check only if there is no Will)** heir of the decedent's estate without a Will **or**  
☐ **(Check only if there is a Will)** a person named in the decedent's Will.
2. I have priority for appointment as Personal Representative of this estate under A.R.S. 14-3203 because:  
(check which box applies)  
☐ **(Check only if there is a Will)** I am named as Personal Representative in the Will of the person who died;  
☐ **(Check only if there is a Will)** I am the surviving spouse of the person who died and I am named in the Will;  
☐ **(Check only if there is a Will)** I am another person named in the Will of the person who died;  
☐ I am the surviving spouse of the person who died;  
☐ I am another person entitled to inherit the property of the person who died because (explain)
3. I waive and want to give up any right I have to appointment as the Personal Representative of this estate.
4. I consent to the appointment of (name) \_\_\_\_\_ as  
Personal Representative of the estate.

\_\_\_\_\_  
Signature

**STATE OF ARIZONA )  
MARICOPA COUNTY )ss.**

Subscribed and sworn to before me this date: \_\_\_\_\_ by \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk/Notary

Name of Person Filing Document Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Representing ☐ Self (without a lawyer) or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of the Estate of

Case No: \_\_\_\_\_

**WAIVER OF BOND**

\_\_\_\_\_ ☐ an Adult ☐ a Minor, deceased

**THE UNDERSIGNED PERSON STATES AS FOLLOWS:**

1. I am a (check one box)  
☐ **(only if there is no Will)** heir of the decedent's estate without a Will or  
☐ **(only if there is a Will)** person named in the decedent's Will.
2. The person who is applying to be the Personal Representative of the estate  
(name) \_\_\_\_\_  
has estimated that the total value of the estate of the person who died is \$ \_\_\_\_\_.
3. I waive any and all bond in connection with his or her appointment as Personal Representative. I ask that the court not require any bond in this proceeding.

\_\_\_\_\_  
Signature

**STATE OF ARIZONA )  
MARICOPA COUNTY )ss.**

Subscribed and sworn to before me this date: \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Deputy Clerk/Notary Public

My Commission Expires:

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Representing ☐ Self (without a lawyer) or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of the Estate of \_\_\_\_\_

Case No: PB \_\_\_\_\_

☐ an Adult or ☐ a Minor, deceased

- ☐ **APPLICATION FOR INFORMAL  
APPOINTMENT OF PERSONAL  
REPRESENTATIVE  
(Person Died Without a Will - "Intestate Estate")**  
OR  
☐ **APPLICATION FOR INFORMAL PROBATE OF  
WILL AND FOR INFORMAL APPOINTMENT  
OF PERSONAL REPRESENTATIVE  
(Person Died With a Will - "Testate Estate")**

1. This is an application for: (check one box)  
☐ **Informal Appointment of Personal Representative** because the person died without a Will ("Intestate Estate") OR  
☐ **Informal Probate of Will and for Informal Appointment of Personal Representative** because the person died with a Will ("Testate Estate").
2. I live in \_\_\_\_\_ (County) \_\_\_\_\_ (State), and I am entitled to file this Application under A.R.S. 14-3301 because I am: (check the box that applies)  
☐ The surviving spouse of the person who died;  
☐ An adult child of the person who died;  
☐ A parent of the person who died;  
☐ A brother or sister of the person who died;  
☐ **(Check the box only if there is not a Will)** A person entitled to property of the person who died under Arizona law;  
☐ **(Check the box only if there is a Will)** A person who was nominated/named as Personal Representative by a Will;  
☐ At least 45 days have passed since the person died, and I am a creditor.
3. The person \_\_\_\_\_ (name of the person who died) died on \_\_\_\_\_ (date of death) at the age of \_\_\_\_\_ years. At the time of death, the person who died lived in the following county and state: \_\_\_\_\_. Since the death, 120 hours have passed.
4. ☐ **(Check the box only if there is a Will)** The original of the Will of the person, who died, dated \_\_\_\_\_ is filed with this Application.
5. The person who died left behind the following persons who are the surviving spouse, children and others entitled to take property under Arizona law: (if you need more space, attach a separate page):



Name	Age	Relationship	Address
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6. This is the correct county in which to file the probate because the person who died was a resident of this county or owned property in this county at the time of death.
7. To the best of my knowledge, (check one box)  
☐ no personal representative for the estate has been appointed in this state or elsewhere OR  
☐ a personal representative for the estate has been appointed in this state or elsewhere:  
\_\_\_\_\_ (name of the person)  
\_\_\_\_\_ (name of state)
8. ☐ I have OR ☐ I have not received a demand for notice from any interested person, and  
☐ I am OR ☐ I am not aware of any demand for notice by any interested person or any proceedings concerning the person who died, in this state or elsewhere.
9. ☐ **(Check the box only if there is not a Will)** I believe that the person who died had no Will. I exercised reasonable diligence, and I am not aware of any unrevoked Will, amendment to a Will, or a trust signed by the person who died that relates to property in this state.  
OR  
☐ **(Check the box only if there is a Will)** I believe that the Will dated \_\_\_\_\_ was validly executed and is the last Will of the person who died. I exercised reasonable diligence, and I am not aware of any document that revokes the Will, or any amendment to the Will signed by the person who died.
10. I have priority for appointment as Personal Representative because: (check the boxes that apply)  
☐ **(Check the box only if there is a Will)** I am named as personal representative in the Will of the person who died;  
☐ **(Check the box only if there is a Will)** I am the surviving spouse of the person who died and am named in the Will;  
☐ **(Check the box only if there is a Will)** I am another person named in the Will of the person who died;  
☐ I am the surviving spouse of the person who died;  
☐ I am another person entitled to inherit the property of the person who died because (explain):
11. The names, relationships and addresses of all parties who have a prior or equal right to appointment under A.R.S. 14-3203 are (if you need more space, attach a separate page):

Name	Relationship	Address
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12. **BOND INFORMATION:** (Check one box)  
☐ **A bond is not** required of the Personal Representative under A.R.S. 14-3603 because all the legal **heirs have filed** written waivers of bond. I request to be appointed Personal Representative to administer the estate without bond. **OR**

- ☐ **A bond is not** required because the **Will waives** the bond for the Personal Representative. I request to be appointed Personal Representative to administer the estate without bond, **OR**
- ☐ **A bond is** required of the Personal Representative under A.R.S. 14-3603 because all the legal **heirs have not filed** written waivers of bond and my best estimate of the fair market value of all the property owned by the person who died and subject to the probate jurisdiction of the Court is as follows:

Personal Property	\$ _____
Real Property (less encumbrances)	\$ _____
Expected annual income of Estate	\$ _____
<b>TOTAL</b>	\$ _____

I request to be appointed Personal Representative to administer the estate with a bond as might be required.

13. The time for informal appointment has not expired under A.R.S. 14-3108 because:  
(check which box is true)
- ☐ Two years have not passed since the death of the person; OR
- ☐ Other (Explain) (See a lawyer to help with this, if more than 2 years have passed):

### OATH AND VERIFICATION OF APPLICANT

STATE OF ARIZONA )  
MARICOPA COUNTY )ss.

The Applicant states under oath that the statements in the Application are accurate and complete to the best of his or her knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
Deputy Clerk/Notary Public

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Representing ☐ Self (without a lawyer) or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of the Estate of \_\_\_\_\_

Case No.: PB \_\_\_\_\_

**NOTICE OF APPLICATION  
IN INFORMAL PROCEEDING**

☐ an Adult OR ☐ a Minor, deceased

**NOTICE IS GIVEN** that \_\_\_\_\_ (Name of Personal Representative) has filed an informal proceeding relating to this Estate as follows (check one box):

- ☐ **(Check the box only if there is no Will)** An Application for Appointment of Personal Representative Without a Will, OR  
☐ **(Check the box only if there is a Will)** An Application for Informal Probate of a Will **and** for Appointment of Personal Representative.

The Probate Registrar will consider the Application on \_\_\_\_\_ (date and time Personal Representative will go to court to file the Application) at the office of the Probate Registrar, Superior Court of Arizona in Maricopa County, at (check one box)

☐ **PHOENIX:**  
Old Courthouse, 1st Floor  
125 West Washington  
Phoenix, AZ 85003-2205

☐ **MESA:**  
222 East Javelina Avenue, 1st Floor  
Mesa, AZ 85210-6201

**DATED:** \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of the Estate of \_\_\_\_\_

Case Number \_\_\_\_\_

**PROOF OF DELIVERY OR MAILING NOTICE  
OF APPLICATION IN INFORMAL PROCEEDING**

\_\_\_\_\_ ☐ an Adult OR ☐ a Minor, deceased

STATE OF ARIZONA                    )  
COUNTY OF MARICOPA            )ss.

1. I delivered or mailed by first class mail, postage prepaid a copy of the Notice of Application in Informal Proceeding on \_\_\_\_\_ (date) according to the requirements of law as follows:
  - A. To any person who filed a written demand for notice with the court as required by A.R.S. 14-3306.
  - B. To any person who has a prior or equal right to appointment, unless he or she waived notice in writing and it is filed with this court.
2. I delivered or mailed the Notice of Application in Informal Proceedings to the following people on the following dates:

NAME	ADDRESS	DATE MAILED OR DELIVERED
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Deputy Clerk/Notary Public

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing ☐ Self (Without a Lawyer) or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

Regarding the Matter of \_\_\_\_\_

Case Number: PB \_\_\_\_\_

\_\_\_\_\_  
(Name)

**AFFIDAVIT SHOWING CIRCUMSTANCES  
WHY NOTICE BY PUBLICATION WAS USED  
AND ABOUT THE PUBLICATION**

1. I am the Petitioner or Applicant and make this Affidavit to show the circumstances why notice by publication was used, and to show how service by publication was done.
2. Here are the names of people entitled to notice of this matter to whom I gave notice by publication:  
Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Last Date I Tried to Find Person: \_\_\_\_\_  
Relationship of Person to this Case: \_\_\_\_\_  
Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Last Date I Tried to Find Person: \_\_\_\_\_  
Relationship of Person to this Case: \_\_\_\_\_  
Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Last Date I Tried to Find Person: \_\_\_\_\_  
Relationship of Person to this Case: \_\_\_\_\_  
Name: \_\_\_\_\_  
Last Known Address: \_\_\_\_\_  
Last Date I Tried to Find Person: \_\_\_\_\_  
Relationship of Person to this Case: \_\_\_\_\_

2. I made a diligent search to find out the residence and whereabouts of the people entitled to notice, but the search has failed to reveal any information concerning their residence or whereabouts.
3. I contacted the persons listed below to find out the location of the following people entitled to notice:

Name of Person I am Looking for: \_\_\_\_\_  
Name of Person I Contacted: \_\_\_\_\_  
Address of Person I Contacted: \_\_\_\_\_

Name of Person I am Looking for: \_\_\_\_\_  
Name of Person I Contacted: \_\_\_\_\_  
Address of Person I Contacted: \_\_\_\_\_

Name of Person I am Looking for: \_\_\_\_\_  
Name of Person I Contacted: \_\_\_\_\_  
Address of Person I Contacted: \_\_\_\_\_

Name of Person I am Looking for: \_\_\_\_\_  
Name of Person I Contacted: \_\_\_\_\_  
Address of Person I Contacted: \_\_\_\_\_

4. ☐ NOTICE OF HEARING or ☐ NOTICE TO CREDITORS was published in a newspaper in this County on the following dates.

A. \_\_\_\_ / \_\_\_\_ / \_\_\_\_, B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_, C. \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

5. I have read this statement and know of my own knowledge that the facts stated herein are true and correct.

\_\_\_\_\_  
Petitioner's Signature

SUBSCRIBED AND SWORN to before me this date: \_\_\_\_\_, by \_\_\_\_\_  
(Month/Day/Year)

\_\_\_\_\_  
Notary Public/Deputy Clerk

My Commission expires:

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Attorney Bar Number (if applicable): \_\_\_\_\_  
Representing ☐ Self (Without a Lawyer) OR ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

Regarding the Matter of

Case Number: PB \_\_\_\_\_

**AFFIDAVIT OF PUBLICATION**

\_\_\_\_\_  
(NAME)

1. Attached to this page is the original Affidavit of Publication from the Newspaper.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Filing Document

Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Representing ☐ Self (without a lawyer) or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of the Estate of \_\_\_\_\_

Case No: PB \_\_\_\_\_

☐ an Adult or ☐ a Minor, deceased

- ☐ **STATEMENT OF INFORMAL APPOINTMENT  
OF PERSONAL REPRESENTATIVE  
(Person Died Without a Will - "Intestate Estate")**  
OR  
☐ **STATEMENT OF INFORMAL PROBATE  
OF A WILL AND INFORMAL APPOINTMENT  
OF A PERSONAL REPRESENTATIVE  
(Person died With a Will – "Testate Estate")**

**THE PROBATE REGISTRAR FINDS:**

1. An Application for Informal Appointment of a Personal Representative has been submitted by \_\_\_\_\_, requesting the following:  
☐ **(Check the box only if there is no Will)** The appointment of \_\_\_\_\_ as the Personal Representative to administer the estate of the person who died without a Will,  
☐ **(Check the box only if there is a Will)** The admission to probate of the Will of the person who died dated \_\_\_\_\_,  
☐ **(Check the box only if there is a Will)** The appointment of \_\_\_\_\_ as the Personal Representative to administer the estate of the person who died with a Will.
2. ☐ The Probate Registrar has found compliance with A.R.S. 14-3303 and is satisfied that the Will is entitled to probate.  
☐ The Probate Registrar has found compliance with A.R.S. 14-3308 and is satisfied that the person named below is entitled to appointment as Personal Representative under Arizona law.

**THEREFORE:**

1. (Name) \_\_\_\_\_, is appointed as Personal Representative of the estate of the person who died.
2. ☐ **(Check the box only if there is a Will)** The Will of the person who died, dated \_\_\_\_\_ is admitted to informal probate.
3. ☐ No bond is required OR ☐ the Personal Representative shall post a bond in the amount of \$\_\_\_\_\_ with this Court. Letters will be issued to the Personal Representative upon accepting and posting a bond (if required).
4. The Personal Representative shall immediately notify the Court in these proceedings of any change in his or her address and shall be responsible for the costs resulting from his or her failure to do so.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Probate Registrar



Name of Person Filing Document: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Your City, State, Zip Code: \_\_\_\_\_  
Your Telephone Number: \_\_\_\_\_  
Representing ☐ Self (Without a lawyer) or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

In the Matter of the Estate of \_\_\_\_\_

Case No.: PB \_\_\_\_\_

☐ an Adult OR ☐ a Minor, deceased

**LETTERS OF APPOINTMENT OF  
PERSONAL REPRESENTATIVE AND  
ACCEPTANCE OF APPOINTMENT AS  
PERSONAL REPRESENTATIVE**

**LETTERS OF PERSONAL REPRESENTATIVE**

\_\_\_\_\_ (name) is appointed as Personal Representative of this Estate  
without restriction except as follows:

WITNESS: \_\_\_\_\_ (date)

**Michael Jeanes**  
**Clerk of the Superior Court**

By \_\_\_\_\_  
Deputy Clerk

**ACCEPTANCE OF APPOINTMENT**

STATE OF ARIZONA     )  
MARICOPA COUNTY    )ss.

I accept the duties of Personal Representative of the Estate of the above-named person who has died and do solemnly swear that I will perform the duties as Personal Representative according to law.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature of Personal Representative

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
Deputy Clerk/Notary Public

Your Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
State Bar Number (Attorneys only): \_\_\_\_\_  
Representing ☐ Self (Without a Lawyer) or ☐ Attorney for \_\_\_\_\_

**SUPERIOR COURT OF ARIZONA  
MARICOPA COUNTY**

Estate of: \_\_\_\_\_

Case Number: \_\_\_\_\_

**ORDER TO PERSONAL  
REPRESENTATIVE AND  
ACKNOWLEDGMENT AND  
INFORMATION TO HEIRS**

The best interest of this estate is of great concern to this Court. As Personal Representative, you are subject to the power of the Court. Therefore, to help avoid problems and to assist you in your duties, this Order is entered. You are required to be guided by this Order and to obey it.

Unless an interested party files a written request to the Court, this Court will not review or supervise your actions as Personal Representative. In Arizona, if you are a beneficiary of an estate, you are expected to protect your own interests in the estate. The Personal Representative is required to provide sufficient information to the beneficiary to permit the beneficiary to protect his or her interests. The Court may hold a Personal Representative personally liable and responsible for any damage or loss to the estate resulting from a violation of the Personal Representative's duties. The following is an outline of some of your duties as Personal Representative:

**DUTIES OF THE PERSONAL REPRESENTATIVE:** The duties of the Personal Representative are found in Chapter 3, Title 14 of the Arizona Revised Statutes (from now on called "A.R.S."). You are responsible for knowing and doing your duties according to these statutes. Some of the duties are:

- 1. GATHER, CONTROL AND MANAGE ESTATE ASSETS.** As Personal Representative you have the duty to gather and control all assets which belonged to the decedent (the person who has died) at the time of his or her death. After the valid debts and expenses are paid, you have the duty to distribute any remaining assets according to the decedent's Will or, if there is no Will, to the intestate heirs of the decedent. As Personal Representative, you have the authority to manage the estate assets, but you must manage the estate assets for the benefit of those interested in the estate.
- 2. FIDUCIARY DUTIES.** As Personal Representative you are a fiduciary. This means you have a legal duty of undivided loyalty to the beneficiaries and the creditors of the estate. You must be cautious and prudent in dealing with estate assets. As Personal Representative, the estate assets do not belong to you and must never be used for your benefit or mixed with your assets or anyone else's assets. Arizona law prohibits a Personal Representative from participating in transactions that are a conflict of interest between you, as Personal Representative, and you as an individual. Other than receiving reasonable compensation for your services as Personal Representative, you may not profit from dealing with estate assets.
- 3. PROVIDE NOTICE OF APPOINTMENT.** Within 10 (ten) days after your Appointment as Personal Representative, you must mail notice of your appointment to the heirs and devisees whose addresses are reasonably available to you. If your appointment is made in a formal proceeding, you need not give notice to those persons previously noticed of a formal appointment proceeding. See A.R.S. §14-3705.

- 4. PROVIDE NOTICE OF ADMISSION OF WILL TO PROBATE.** Within 30 days of the Admission of the Will to informal probate, you must give written notice to all heirs and devisees of the Admission of the Will to probate, together with a copy of the Will. You must notify the heirs that they have 4 (four) months to contest the probate. See A.R.S. §14-3306.
- 5. MAIL COPIES OF THIS ORDER TO PERSONAL REPRESENTATIVE.** WITHIN 30 DAYS OF YOUR APPOINTMENT, YOU MUST MAIL A COPY OF THIS ORDER TO PERSONAL REPRESENTATIVE AND ACKNOWLEDGMENT AND INFORMATION TO HEIRS, TO ALL THE HEIRS AND DEVISEES OF THE ESTATE, AND TO ANY OTHER PERSONS WHO HAVE FILED A DEMAND FOR NOTICE. See A.R.S. §14-3705.
- 6. FILE PROOF OF COMPLIANCE.** Within 15 days of your appointment as Personal Representative, you must file with the Court a notarized statement swearing that a copy of this Order was mailed to each devisee, to each heir in intestate (no will) estates and to any other persons who have filed a demand for notice.
- 7. PUBLISH NOTICE.** After your appointment as Personal Representative, you must publish a notice once a week for 3 consecutive weeks in a Maricopa County newspaper of general circulation that announces your appointment as Personal Representative and tells creditors of the estate that unless they present their claims against the estate within the prescribed time limit, the claims will not be paid. In addition, you must mail a similar notice to all persons you know are creditors and to all persons you can reasonably find out are creditors of the estate. See A.R.S. §14-3801.
- 8. PROTECT ASSETS.** You must immediately find, identify, and take possession of the estate assets and make proper arrangements to protect them. See A.R.S. §14-3709. All property must be re-titled to show ownership in the name of the estate --such as "Estate of (decedent's name), your name, as Personal Representative." Do not put the estate assets into your name, anyone else's name, joint accounts, trust accounts ("in trust for"), or payable on death ("POD") accounts. Do not list yourself or any other person as joint owner or beneficiary on any bank accounts or other assets belonging to the estate. Do not mix any estate assets with your own assets or anyone else's assets.

If your authority as Personal Representative has been limited by the Court, you must promptly protect the estate assets as ordered, and file a Proof of Restricted Assets with the Court. You may not sell, encumber, distribute, withdraw or otherwise transfer restricted assets without first obtaining permission from the Court.
- 9. DETERMINE STATUTORY ALLOWANCES.** It is your responsibility to determine whether any individuals are entitled to statutory allowances under A.R.S. §14-2402, 2403, and 2404. Statutory allowances include a homestead allowance, exempt property allowance, and a family allowance.

- 10. INVENTORY ASSETS.** Within 90 days after your appointment as Personal Representative, you must prepare an inventory or list of the decedent's probate assets and their values as of the date of death. See A.R.S. §14-3706. The inventory must be either (1) filed with the Court and mailed to all interested persons who request it, or (2) not filed with the court, but mailed to all heirs, devisees, and other interested persons who have requested it.
- 11. STANDARD OF CARE.** In administering estate assets, you must observe the standards of care applicable to a trustee, including the prudent investor act. See A.R.S. §§14-7301 et. seq., and 14-7601 et seq.
- 12. KEEP DETAILED RECORDS.** You must keep detailed records of all receipts and expenses of the estate. You are required to provide an accounting of your administration of the estate to all persons affected by the administration. See A.R.S. §14-3933.
- 13. PAY VALID DEBTS AND EXPENSES.** You must determine which claims and expenses of the estate are valid and should be paid. You must provide to any creditor whose claims are not allowed prompt written notification that they will not be paid or will not be paid in full. See A.R.S. §14-3806. To the extent there are enough assets in the estate, you are responsible for the payment of any estate debts and/or expenses you know about or can find out about. If there are not enough estate assets to pay all debts and expenses, you must determine which debts and expenses should be paid according to the law. See A.R.S. §14-3805. You may be personally liable if you pay a debt or expense that should not be paid.
- 14. PAY TAXES.** It is your responsibility to determine that all taxes are paid and that all tax returns for the decedent and the estate are prepared and filed.
- 15. DISTRIBUTE REMAINING ASSETS.** After payment of all debts and expenses of the estate, you must distribute estate assets as directed in the Will or, if there is not a Will, to the intestate heirs. If there are not enough assets in the estate to make the gifts as set forth in the Will, it is your responsibility to determine how the distributions should be made as required by law. See A.R.S. §§14-3902 and 14-3907. You may be personally liable if you make an improper distribution of estate assets.
- 16. CHANGE OF ADDRESS.** Until the probate is closed and you are discharged as Personal Representative, you must notify the Court in writing if you change your home or mailing address.
- 17. PAYMENT AS PERSONAL REPRESENTATIVE.** As Personal Representative, you are entitled to reasonable compensation. See Maricopa County Local Rule 5.7. Arizona statutes do not designate percentage fees for your work or say how much a Personal Representative should be paid. You must keep receipts to prove out-of-pocket expenses. In determining whether a fee is reasonable, the following factors will be considered:
  - a. The time required (as supported by detailed time records), the novelty and difficulty of the issues involved, and the skill required to do the service properly;
  - b. The likelihood that your acceptance as Personal Representative will preclude other employment;
  - c. The fee normally charged in the area for similar services;
  - d. The nature and value of estate assets, the income earned by the estate, and the responsibilities and potential liability assumed by you as Personal Representative;
  - e. The results obtained for the estate;
  - f. The time limitations imposed by the circumstances;
  - g. The experience, reputation, diligence and ability of the person performing the services;
  - h. The reasonableness of the time spent and service performed under the circumstances; and,

- i. Any other relevant factors.

- 18. COURT INVOLVEMENT.** Usually, to reduce estate expenses, estates are administered and estate claims and expenses are paid, including the fees to the attorney and Personal Representative, with little Court involvement. The Court does not supervise informal probates or the conduct of a Personal Representative. However, if any interested party believes that the estate has not been properly handled or that the fees charged by the attorney or Personal Representative are not reasonable under the circumstances, that party may request that the Court review the accounting for the Personal Representative's administration of the estate. Any additional Court involvement may result in additional delay and expenses. If appropriate, the Court may assess the additional expense against the estate or the non-prevailing party.
- 19. CLOSE THE ESTATE.** After distribution of the estate has been completed, the estate must be closed, either formally or informally. In an informal closing, a copy of the Closing Statement is filed with the Court and must be sent to all persons receiving a distribution from the estate. See A.R.S. §14-3933. For a formal closing, see A.R.S. §§14-3931 and 14-3932. Usually, the Court expects the estate to be completely administered and closed within six (6) months to one (1) year of the initial appointment of the Personal Representative.

**WARNING.** This is only an outline of some of your duties as Personal Representative. This Order does not describe all of your duties and is not a substitute for obtaining professional legal advice. This is a general outline of your duties only. If you have any questions as Personal Representative, before taking any action you should contact an attorney who handles probate estates to find out what to do.

**Failure to obey a Court Order and the statutory provisions relating to this estate may result in your removal as Personal Representative and other penalties. In some circumstances, you may be held in contempt of court, punished by confinement in jail, fine or both. In addition, if you violate any of your fiduciary duties, you could be held personally liable for any losses for which you are responsible.**

The Superior Court of Arizona in Maricopa County, Self-Service Center has forms, instructions and procedures to help you with the Probate of an Informal Estate, and has a list of lawyers who can give you legal advice, and can help you on a task-by-task basis for a fee. The Self-Service Center charges \$4.00 per packet per process step. The Self-Service Center is located at 101 West Jefferson, 1st Floor, East Court Building, Phoenix, Arizona, or 222 East Javelina, 1st Floor, Mesa, Arizona or 14264 W. Tierra Buena Lane, Surprise, Arizona. Information also available on the internet at <http://www.superiorcourt.maricopa.gov/ssc/sschome.html>.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Judge or Special Commissioner

## ACKNOWLEDGMENT

The undersigned acknowledges receiving a copy of this order and agrees to be bound by its provisions, whether or not he or she read it before signing, as long as he or she is Personal Representative.

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Signature of Personal Representative

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Date

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Signature of Personal Representative

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Date